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22851 7590 05/24/2005  
**DELPHI TECHNOLOGIES, INC.**  
**M/C 480-410-202**  
**PO BOX 5052**  
**TROY, MI 48007**

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<i>Susan Grisham</i>	(Depositor's name)
<i>Susan Grisham</i>	(Signature)
8-9-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,757	08/21/2003	Charles R. DeJohn	89190.038903/DP309621	8045

TITLE OF INVENTION: METHOD AND APPARATUS FOR EXTENDING THE TORQUE RANGE OF A STEPPER MOTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS	08/11/2005 WABDEL R3 00000140 500831 10645757
MASIH, KAREN	2837	318-685000	01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA 03 FC:8001 6.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Paul L. Marshall

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Susan Grisham*

Date

8-9-05

Typed or printed name

Susan Grisham

Registration No.

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